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WALTER K. ROLOFF 490 HARBOR COURT SHOREVIEW, MN 55126  DEC 1 7 2004				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
		E.	A CO	Walter K. Roloff		(Depositor's name)	
		BADEMA	W.K. A		<i>ff</i>	(Signature)	
			12-11-2004			(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/698,146	10/31/2003		Robert R. Slo	otsve	SLO-01	2823	
TITLE OF INVENTION: ERGONOMIC HOPPER HOLDER 12/20/2004 BABRAHA2 00000045 10698146							
				01 FC:2 02 FC:1	501 504	700.00 OP 300.00 OP	
APPLN, TYPE	SMALL ENTITY ISSUE FEE		E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$665		\$300	\$965	12/28/2004	
EXAMINER		ART UNI	Т	CLASS-SUBCLASS	]		
EVANS, ROBIN OCTAVIA 3742 239-376000							
CFR 1.363).  Change of correspond	e address or indication of "Fo	`	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
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Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government							
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):							
Issue Fee	mall entity discount permitte		A check in the amount of the fee(s) is enclosed. (2 checks)  Payment by credit card. Form PTO-2038 is attached.				
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Authorized Signature N.K. Roloff			Date 12-11-2004-				
Typed or printed name Walter K. Roloff			Registration No. <u>36.907</u>				

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